

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							
2	1							
3		2						
4		2						
5		2						
6		2						
7		2	16					
8		2						
9		2						
10		2						
11		2						
12		2						
13		1						
14		1						
15		1	16					
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20		1						
21		2						
22	1							
23		1						
24		1						
25		1						
26		1	13					
27		1						
28		1						
29		1						
30		4						
31		4						
32		4						
33		4						
34		4						
35	1		20					
36		1						
37		1						
38	1							
39		1						
40		1						
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42	1		3					
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99								
100								
TOTAL IND.	6							
TOTAL DEP.	68							
TOTAL CLAIMS	74							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								